



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MASSAGE AND BODYWORK

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE

INSTRUCTIONS

File this form to request initial approval of a course **or** re-approval of a course when its content or length has changed since the previous approval.

Submit this form **no later than ten business days** before the Board's meeting to the address above. Enclose the following:

- **Syllabus showing course objectives**
- **Detailed agenda showing time for each topic**
- **Resume of the presenter(s)**

If you are a course provider, enclose a check or money order for \$35 payable to "State of Delaware." If you are a Delaware licensee submitting the request to obtain approval of CE credit for your next license renewal, no fee is required.

Courses are approved through the end of the current two-year license period ending 8/31 of even years *unless* approved during the last four months of the license period. If approved in the last four months of the license period, the course approval will extend through the next two-year license period. Courses submitted by course providers will be added to the Board's [Approved Continuing Education](#) list for the period approved. To renew approval of courses that have **not** changed since the previous approval, course providers should file the [Request for Renewal of Continuing Education Approval](#) before the license period ends.

For information on the CE requirements, see Section 7.0 of the Board's [Rules and Regulations](#) on www.dpr.delaware.gov.

REQUESTER COMPLETES THIS SECTION

Reason for Request (check one):

☐ I am the course provider of the course below.

☐ I am a Delaware licensee seeking approval of CE credit for my next license renewal. Enter:

Your Name: _____ Delaware License #: **M** ____ - _____

Course Provider Name: _____

Are you an NCBTMB-approved provider? Yes ☐ No ☐ If yes, enter provider number: _____

Contact Person: _____ Phone: _____

Provider Address: _____
Street City State Zip code

Email Address: _____ Website URL: _____

Course Title: _____

Course Location: _____

Course Presenters: _____

Enter name of person(s) authorized to sign completion certificates: _____

Date(s) Offered: _____ Is course NCBTMB or AMTA-approved? Yes ☐ No ☐

Hours Requested (excluding breaks): _____ Category: ☐ Core ☐ Elective

BOARD OFFICE COMPLETES THIS SECTION

☐ **Approved for _____ hours in the _____ category through the license period ending 8/31/_____**

☐ **Denied for the following reason:** ☐ Not directly related to professional growth.

☐ Other: _____

Signature: _____ Board Review Date: _____